

DPP-277A
(R 10-05)

A. IDENTIFYING DATA

B. FACILITY ASSESSMENT (circle appropriate responses)

- ### C. RESIDENT OVERVIEW (circle appropriate responses)

- | | | |
|---|-----|----|
| 1. Number of Guardianship Residents _____ | | |
| 2. Did you note any residents being restrained ? | Yes | No |
| If yes, was restraint ordered by physician ? | Yes | No |
| 3. Did you note any residents who was non-ambulatory? | Yes | No |

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

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D. RESIDENT INTERVIEWS (circle appropriate responses)

1. List the names four (4) residents interviewed: _____

2. Is any problem consistently identified by residents interviewed? Yes No

 If yes, explain: _____

**E. COMMENTS AND RECOMMENDATIONS INCLUDING DSS INVOLVEMENT
FUTURE PLANS**_____

F. DATE OF NEXT ASSESSMENT: _____

WORKER'S SIGNATURE: _____ **DATE** _____